

Duval County Epidemiology Surveillance Report

The Florida Department of Health (FDOH) in Duval County, Epidemiology

June 2015



Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data for providing opportunities for public health action to prevent and control disease. Surveillance is done for many reasons such as identifying cases of diseases posing immediate risk to communities, detecting clusters and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories
- Emergency department (ED) syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
 - Notifiable diseases
 - Outbreaks

Report Summary – June 2015

The month of June included a variety of surveillance and investigation activities within Duval County. These included monitoring enteric disease activity, influenza and RSV surveillance, and investigating numerous cases of reportable illness.

Enteric disease activity continues to increase. DOH-Duval continues to observe low levels of respiratory viruses circulating in the county.

DOH-Duval information regarding the meningococcal outbreak in Chicago is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's notable investigation of the month is a CDC Ebola Situational Update.

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Notable Investigation of the Month

CDC Ebola Situational Update 7/13/2015

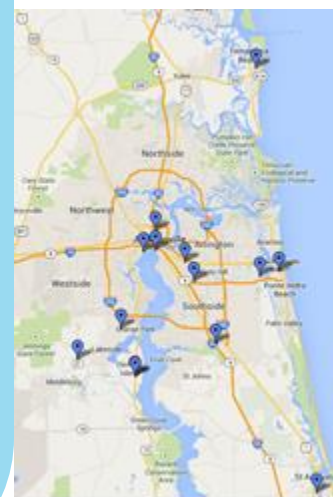
As of July 13, 2015, Liberia has reported five confirmed cases of Ebola. The initial case was in a 17-year-old male who died on June 28, 2015. All of the cases appear to be from the same cluster in Margibi County. A CDC field team continues to work with the Liberian Ministry of Health and other partners to determine the source, understand the chain of transmission, and prevent further spread. Genetic sequencing indicates that the virus is similar to strains circulating in Liberia last year. This finding rules out the likelihood that the infection was imported from Sierra Leone or Guinea. The initial case was confirmed June 29, as a result of the enhanced surveillance and response system, which includes testing and safely burying bodies, put into place after Liberia was declared free of Ebola transmission in May.

According to WHO's July 8 Situation Report, there were 30 confirmed cases of Ebola reported in the week up to July 5. Although this is the highest weekly total since mid-May, improvements to case investigation and contact tracing, together with enhanced incentives to encourage case reporting and compliance with quarantine measures, have led to a better understanding of chains of transmission than a month ago. This has resulted in a decreasing proportion of cases from unknown sources of infection.

The following link provides more information regarding the current Ebola outbreak in West Africa:

<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

Summary

Reported cases of campylobacteriosis (8), shigellosis (29) and giardiasis (8) increased during the month of June (Figure 2). Twenty-six (26) cases of salmonellosis were reported in June, which is less than the expected number (Figure 2&4). The mean number of cases for the same time period during the previous five years was 32.4 cases. The most represented age group of reported cases of salmonellosis for 2015 have occurred in the 0-4 age group (49/113, 43.3%). Reported cases of cryptosporidiosis (3) and Shiga-toxin producing *E. coli* infections (1) remained level with the month of May, both decreasing by two and one case, respectively.

Reported norovirus activity is low in Florida which is typical for this time of year. During June, zero outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. No outbreaks of confirmed norovirus were reported in Duval County during June. No gastroenteritis outbreaks have been reported thus far in July (Source: EpiCom & FDOH in Duval surveillance).

For prevention information, visit <http://www.cdc.gov/norovirus/> & <http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html>

ESSENCE Reportable Disease Surveillance Data

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, July 2012 – June 2015

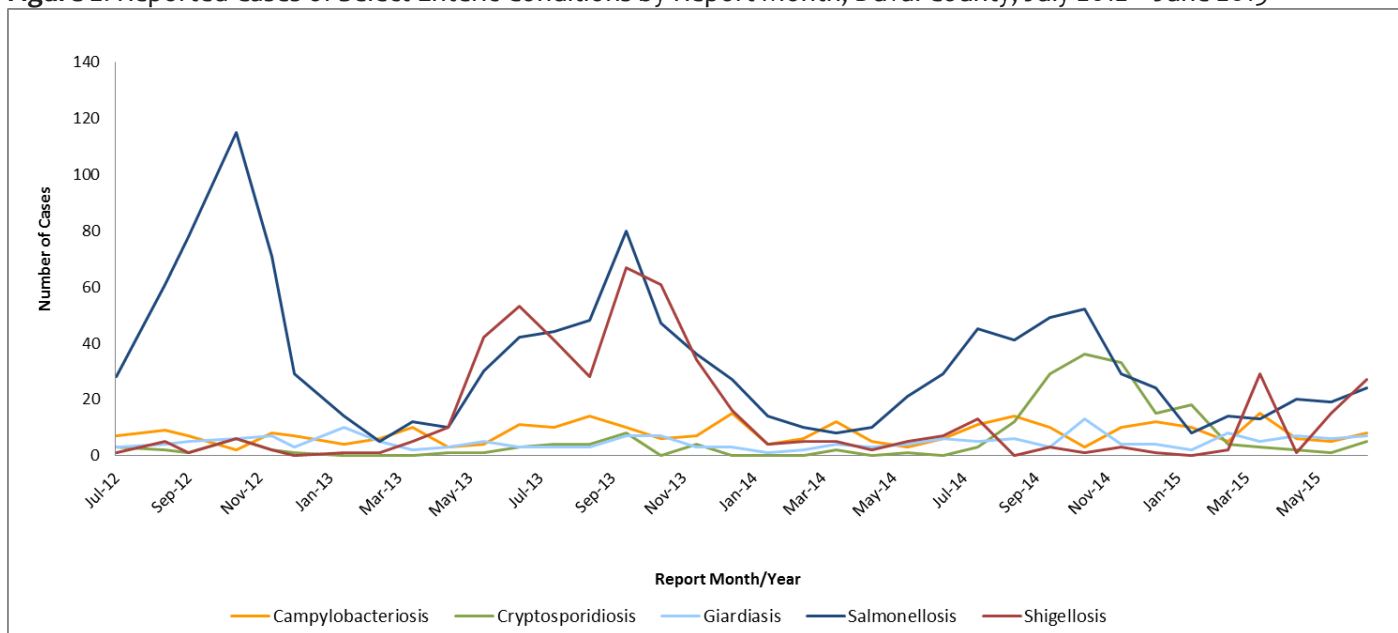
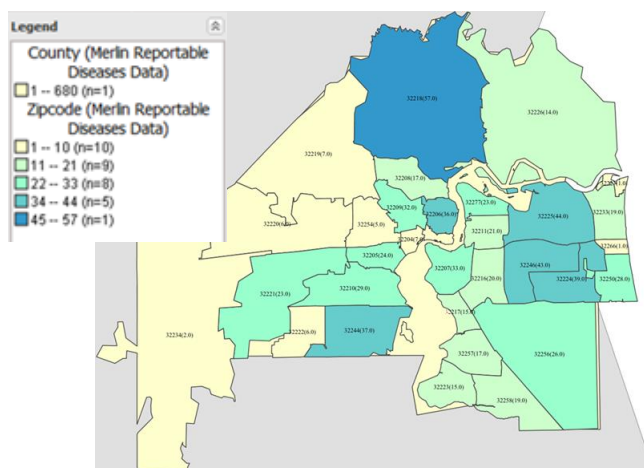


Figure 3: Enteric Disease incidence by Zip Code, Duval County, 2014



Enteric diseases are some of the most prevalent and highest reported diseases across the country. These diseases/conditions include campylobacter, cryptosporidiosis, cyclosporiasis, giardiasis, listeriosis, salmonellosis, and shigellosis. Among these diseases, salmonella and cryptosporidiosis were the most prevalent in 2014. This data has been used to assess the distribution of cases within Duval County. The analysis shows that the majority of cases are occurring around the in the northern part of the county (32218).

Enteric Disease Overview Continued

Figure 4: Reported Cases of Salmonellosis by Report Week and Age Groups- Duval County – January 2013 – June 2015

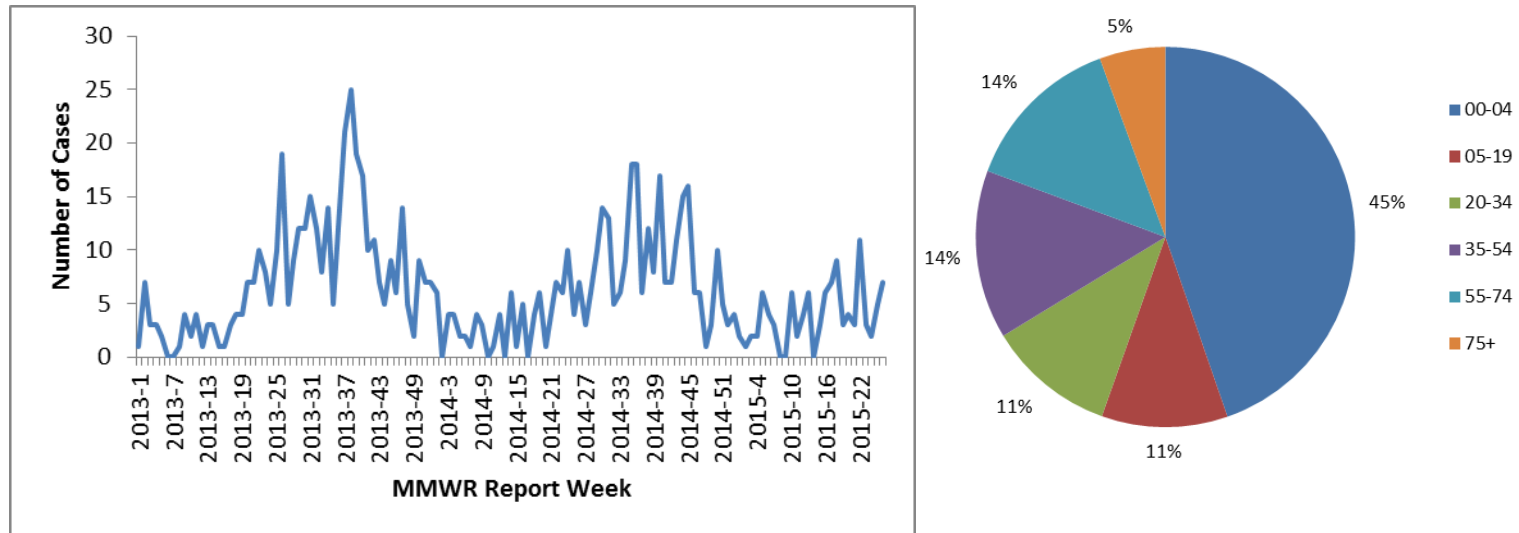


Figure 5: Reported Cases of Shigellosis by Report Week and Age Groups- Duval County - January 2013 – June 2015

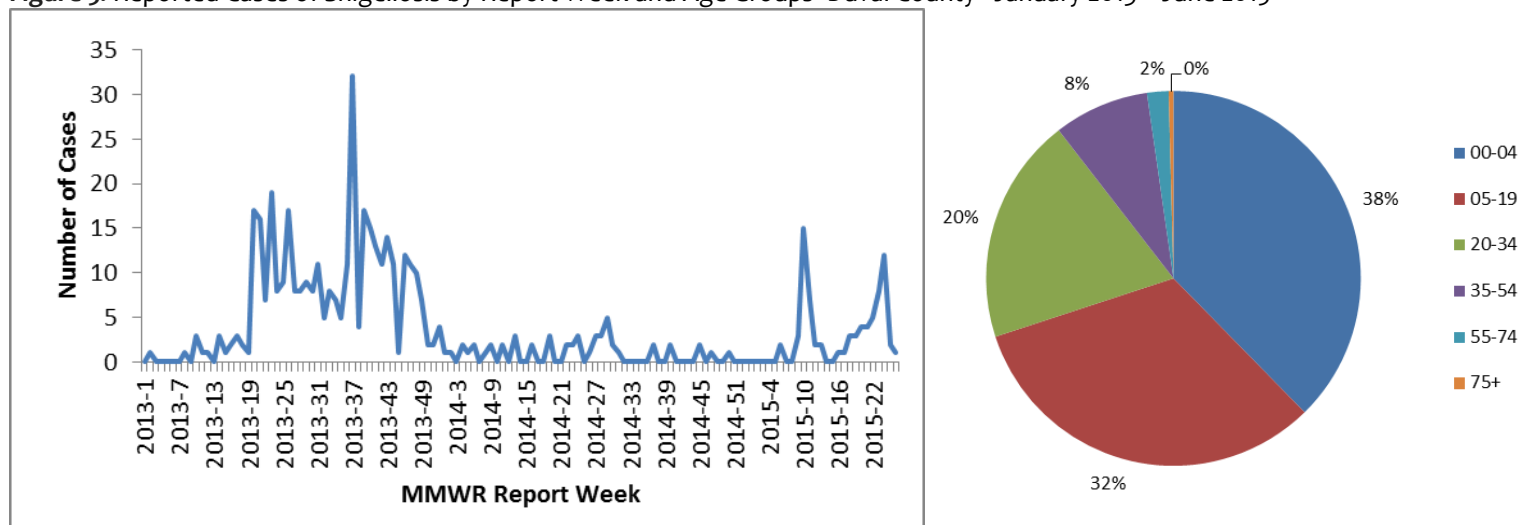
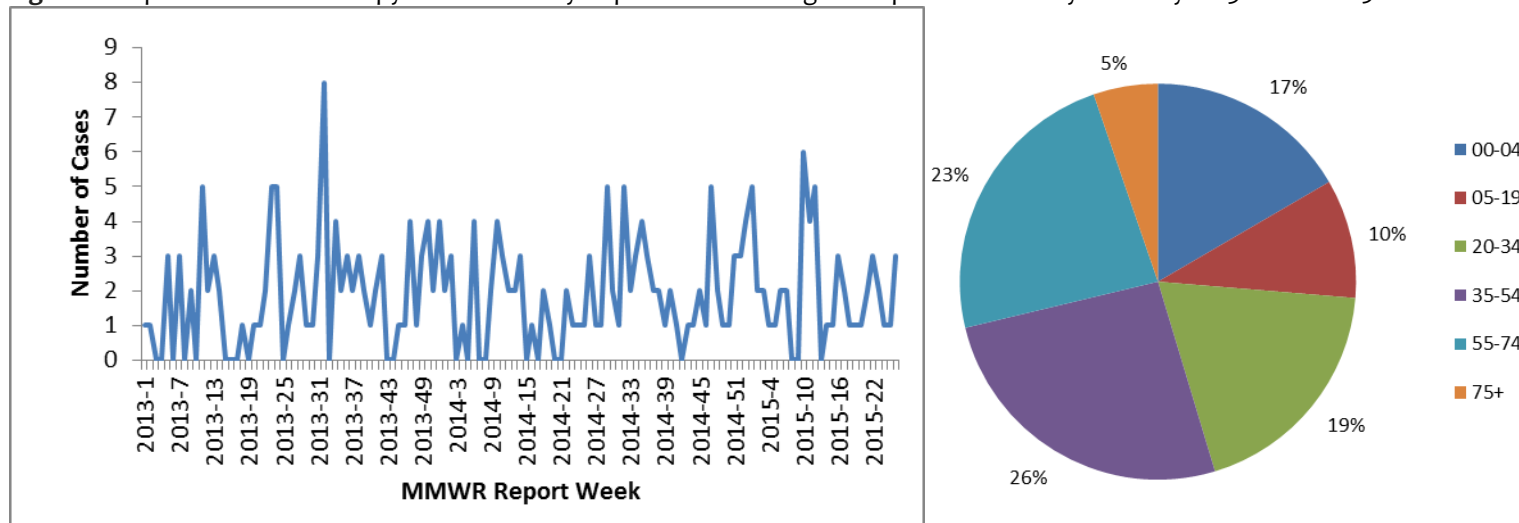


Figure 6: Reported Cases of Campylobacteriosis by Report Week and Age Groups- Duval County - January 2013 – June 2015



Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a low level. In Duval County, ED visits for ILI as monitored through ESSENCE has remained below 2% since week 11 (Figure 7). There have been no positive influenza tests as reported by the Bureau of Public Health Laboratories (BPHL) in the month of June. Influenza viruses circulate year round and Duval County continues to experience low levels of influenza A and B as reported by private labs. Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, human metapneumovirus, and respiratory syncytial virus (RSV).

Comprehensive Statewide Influenza Surveillance: <http://www.floridahealth.gov/diseases-and-conditions/influenza/Florida%20Influenza%20Surveillance%20Reports/index.html>

Figure 7: Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=8)

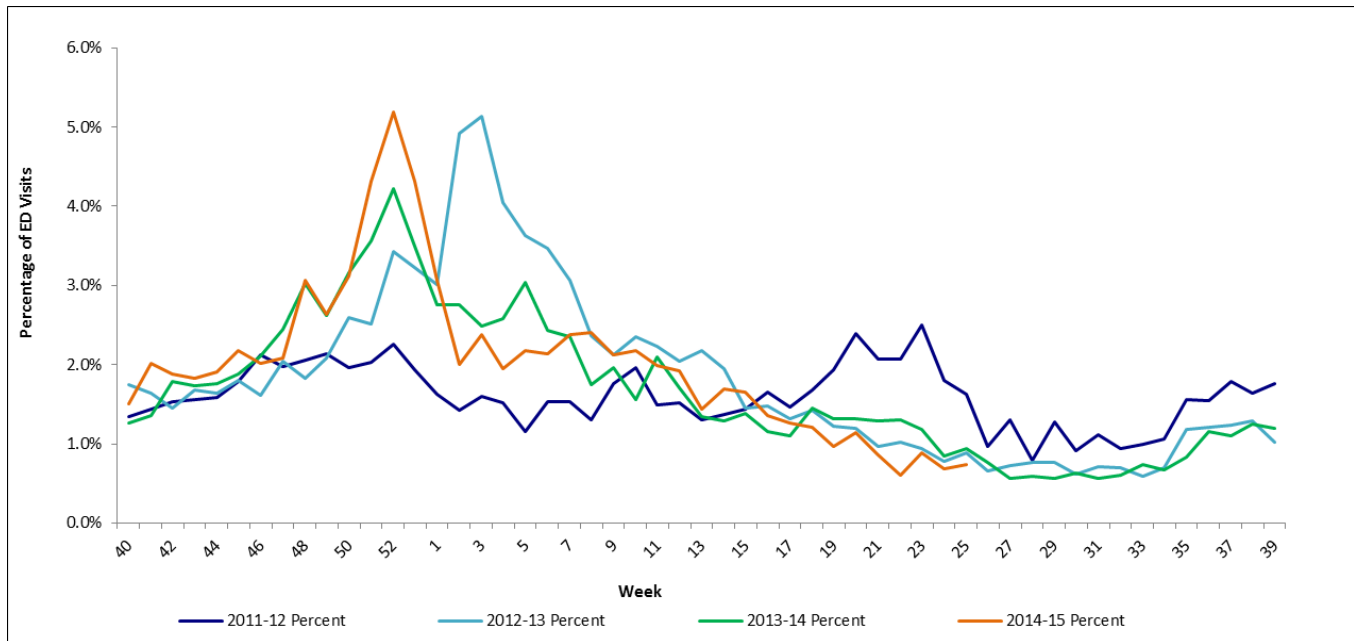
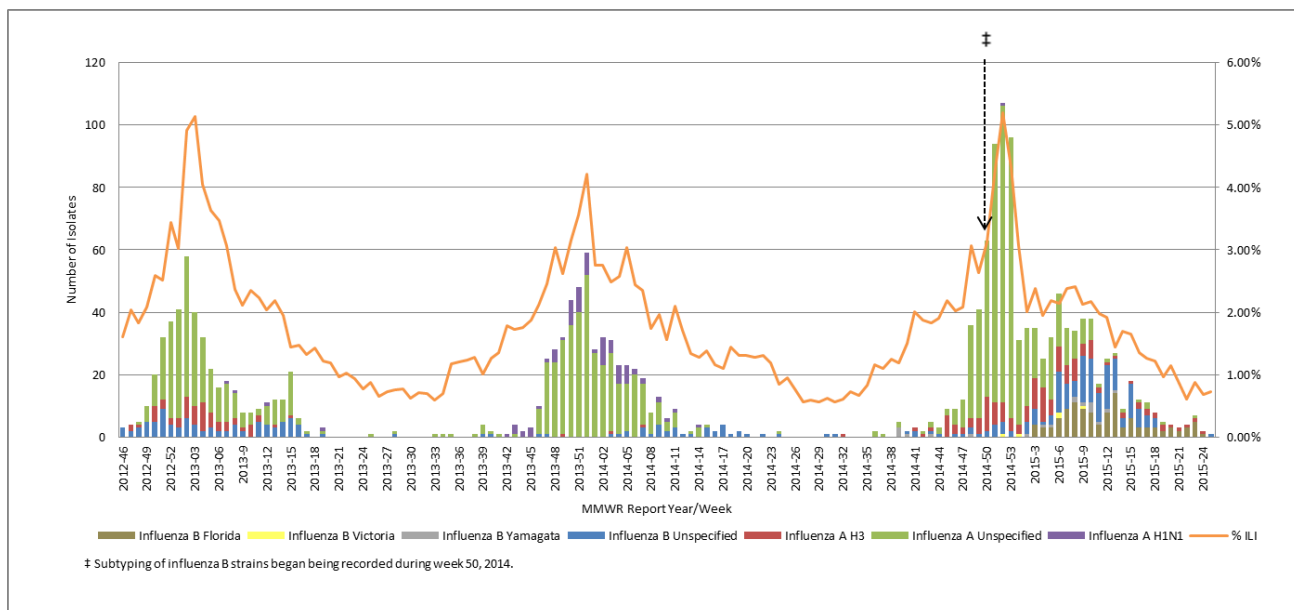


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 46, 2012 to Week 25, 2015 - Duval County



Respiratory Virus Surveillance (Local Hospital Data)

Summary

Circulation of influenza decreased and the circulation of RSV increased during the month of May. RSV season for the North Region of Florida traditionally runs from September to March. For the month of June, the percent positive for influenza reported by local hospital data was 1.47% (2/136) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of June was 3.80% (4/105) (Figure 11). In May, the percent positive for influenza was 1.83% and for RSV was 1.87%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 8/4/2013-6/28/2015*

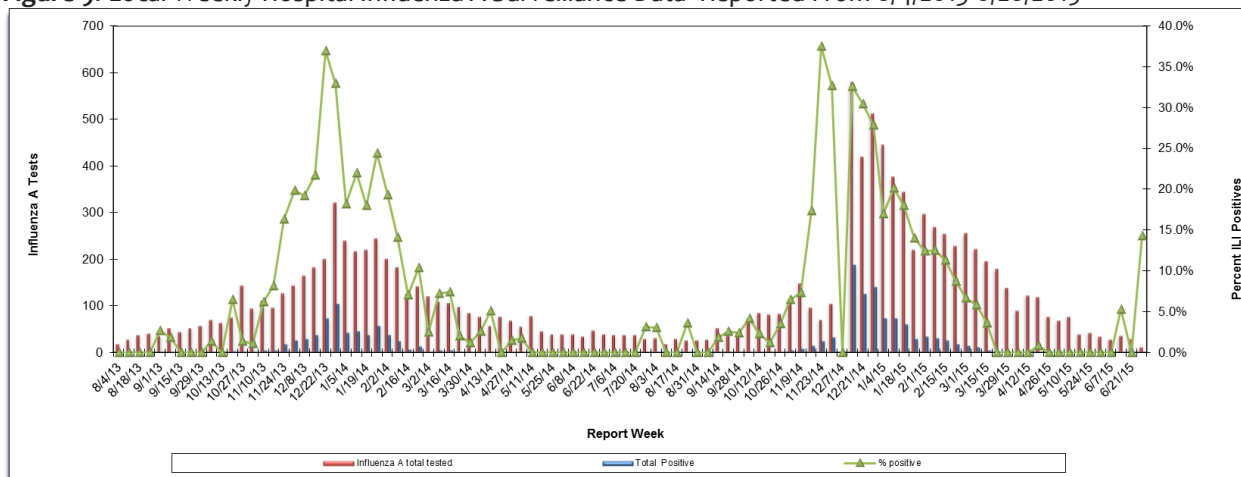


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 8/4/2013-6/28/2015*

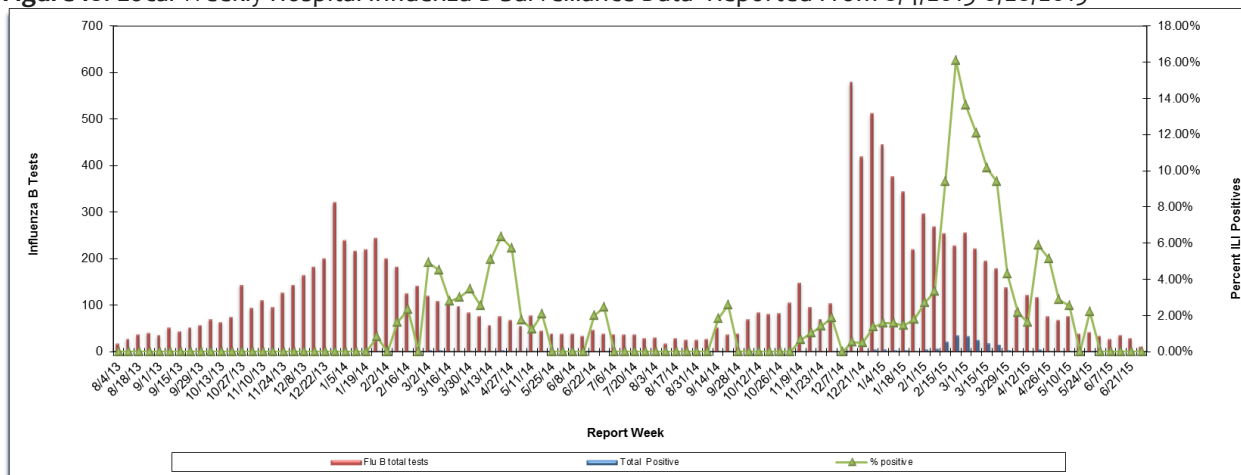
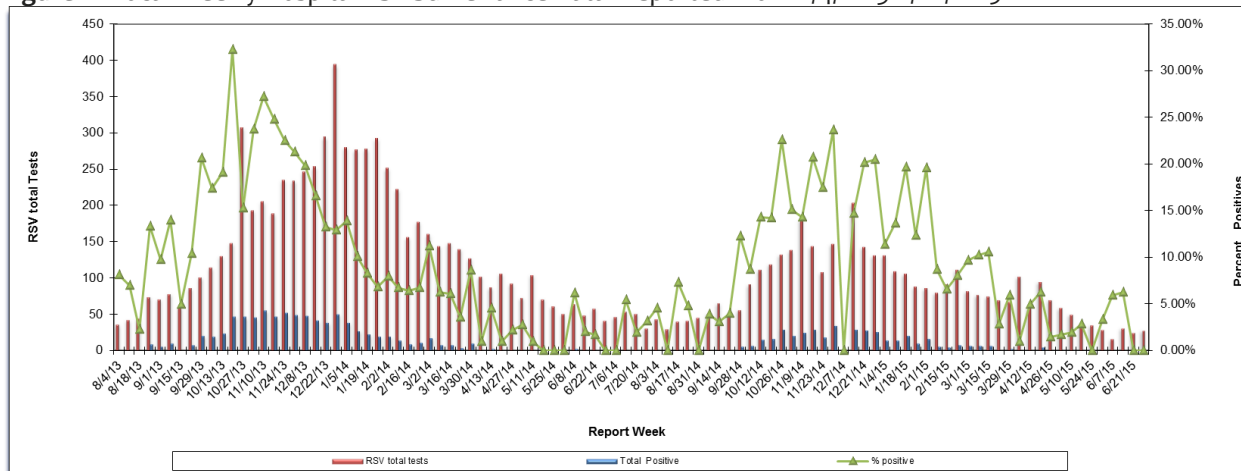


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 8/4/2013-6/28/2015*



* Data was not reported for week 50, 2014

Florida Mosquito-Borne Disease Summary

Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of mosquito pools, veterinary surveillance, and wild bird surveillance. MBI surveillance in Florida includes endemic viruses West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), St. Louis Encephalitis Virus (SLEV), Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV), California Encephalitis Group Viruses (CEV) and chikungunya virus (CHIKV). Malaria, a non-viral mosquito-borne disease is also included.

Figure 12: Florida Arbovirus Surveillance
(January 1- July 4, 2015)

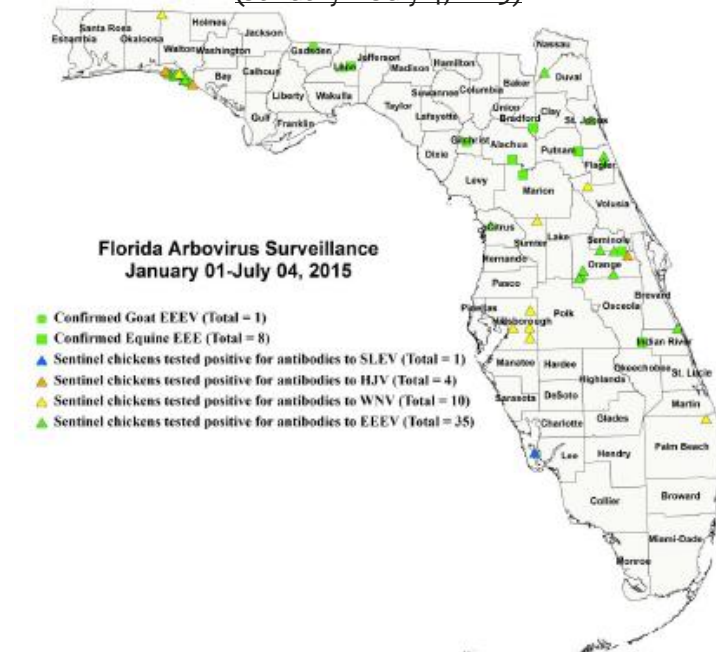


Table 1: Florida Mosquito-Borne Disease Surveillance Summary
Year to Date (through July 4, 2015)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds	Goats
West Nile Virus	-	-	10	-	-
St. Louis Encephalitis Virus	-	-	1	-	-
Highlands J Virus	-	-	4	-	-
California Encephalitis Group Viruses	-	-	-	-	-
Eastern Equine Encephalitis Virus	-	8	35	-	1

International Travel-Associated Chikungunya Fever Cases: Twenty-seven cases of chikungunya with onset in 2015 have been reported in individuals with travel history to a chikungunya endemic country or area experiencing an outbreak in the two weeks prior to onset. Countries of origin were: Bolivia, Colombia (8), Ecuador, Haiti, Honduras, India, Jamaica (2), Nicaragua (6), Puerto Rico (3), Trinidad and Tobago, Venezuela, and Virgin Islands. Counties reporting cases were: Brevard, Broward (7), Hillsborough, Miami-Dade (10), Monroe, Orange (2), Palm Beach (2), Pinellas, Seminole, and Volusia.

International Travel-Associated Dengue Fever Cases: Nineteen cases of dengue with onset in 2015 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Brazil (5), Colombia, Cuba (5), Dominican Republic, Haiti (2), India, Jamaica, Philippines, and Venezuela (2). Counties reporting cases were: Hillsborough (3), Broward (3), Lee, Miami-Dade (7), Orange, Palm Beach, St. Johns, St. Lucie, and Seminole. Three cases were reported in non-Florida residents. In 2015, eight of the nineteen cases of dengue reported in Florida have been serotyped by PCR.

International Travel-Associated Malaria Cases: Twenty-two cases of malaria with onset in 2015 have been reported. Countries of origin were: Angola, Cameroon (3), Egypt, Eritrea, Gabon, Ghana (3), Guatemala, Haiti (4), India (2), Malawi, Nigeria (2), South Sudan, and Sudan. Counties reporting cases were: Broward (5), Charlotte, Collier, Duval, Hillsborough, Lee, Monroe, Miami-Dade (5), Orange (2), Pinellas, Palm Beach (2), and Sarasota. Six of the cases were reported in non-Florida residents. Seventeen cases (77%) were diagnosed with *Plasmodium falciparum*. Four cases were diagnosed with *Plasmodium vivax* (18%). One case (5%) was diagnosed with *Plasmodium malariae*.

Resources See the following web site for more information: <http://www.e.arboviral/index.html>

Other notable trends and statistics

Notable Trends and Statistics- Meningococcal Outbreak Chicago-2015:

CDPH and CDC Expand Meningitis Vaccine Recommendation amid Growing Outbreak (June 18, 2015)

Health officials encourage all gay and bisexual men to get vaccinated to help protect themselves and others

CHICAGO- Amid a growing outbreak of meningitis in the City, the Chicago Department of Public Health (CDPH) today expanded its meningitis vaccine recommendations to include all men who have sex with men (MSM). The new recommendation follows discussions between CDPH and the Centers for Disease Control and Prevention (CDC).

Meningitis can be deadly if not treated. Since the beginning of June, there have been six confirmed cases of meningitis among MSM in Illinois, with one fatality. Five of those cases occurred among Chicago residents. A potential seventh case is being investigated, with laboratory results pending. Although African American MSM have been disproportionately affected by this outbreak, CDPH has expanded the recommendation to protect all at risk individuals.

“Meningitis is a serious disease, but there is a safe and effective vaccine available,” said CDPH Commissioner Julie Morita, MD. “We are working with our partners to help stop the spread of disease, and we encourage anyone who is at risk to protect themselves and others by getting vaccinated.”

Individuals who are at risk should talk to their healthcare provider about getting vaccinated. MSM who received the meningitis vaccine more than five years ago should get a booster shot. If you do not have a healthcare provider, talk to a pharmacist or call 311 to find a CDPH clinic where vaccine is available at no cost or a partner clinic where copays may apply.

Meningitis can cause symptoms including fever, headache and a stiff neck. Some people may experience nausea, vomiting, increased sensitivity to light and altered mental status or confusion. If you experience these symptoms, please consult a medical provider immediately. The disease spreads through prolonged, close contact with saliva that can include intimate kissing, sexual contact, sharing drinks or sharing marijuana and cigarettes.

http://www.cityofchicago.org/city/en/depts/cdp/provdrs/infect_dis/news/2015/June/cdp-and-cdc-expand-meningitis-vaccine-recommendation-amid-growi.html

Tuberculosis (TB) Surveillance – Duval County - 1/1/2015 through 6/30/2015 – All Data are Provisional

Forty-three (43) cases of TB were reported by Duval County in 2014.

Table 2: Demographics and risk factors of TB cases reported year-to-date for 2015

	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Risk Factors			
Male	17	26	65.40%	Excess alcohol use within past year	5	26	19.20%
Female	9	26	34.60%	HIV co-infection*	2	26	7.70%
Country of Origin				Drug use within past year	6	26	23.10%
U.S.	21	26	80.80%	Homeless	5	26	19.20%
Non-U.S.	5	26	19.20%	Incarcerated at diagnosis	0	26	0.00%
Age Group				Unemployed	14	26	53.80%
0-9	3	26	11.50%	Ethnicity			
0-10	5	26	19.20%	Asian	3	26	11.50%
20-29	0	26	0.00%	Black	13	26	50.00%
30-39	2	26	7.70%	White	10	26	38.50%
40-49	5	26	19.20%	Hispanic**	2	26	7.70%
50-59	5	26	19.20%	Drug Resistance			
≥ 60	6	26	23.10%	Resistant to isoniazid	1	17	5.90%

* 1 person has not been offered HIV testing at the time of this report

** Ethnicity is separate from race. A person can be in a race count and in ethnicity (e.g. White Hispanic)

*** For drug resistance testing, the total cases reflect the cases that have susceptibility testing completed.

For more tuberculosis surveillance data see: <http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/>

Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, June 2015

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
A. Vaccine Preventable Diseases												
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0.2	0	0	0	0	0	0.4	0	11	0
Mumps	0	0	0	0	0	0	1	0	0.4	0	6	0
Pertussis	1	17	4.6	2	22	30	11	92	47.8	51	162	414
Rubella	0	0	0	0	0	0	0	0	0	0	1	0
Tetanus	0	0	0	0	0	0	1	0	0	0	2	2
Varicella	4	6	4.4	4	25	24	48	39	51.8	49	415	319
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	2	4	2.2	1	18	11
<i>H. influenzae</i> (invasive)	2	1	0.8	1	7	11	15	25	22.2	21	93	178
Meningitis (bacterial, cryptococcal, mycotic)	3	0	1.8	2	9	10	17	8	16.6	15	66	70
Meningococcal Disease	0	0	0	0	0	2	1	5	4.4	4	15	26
<i>Staphylococcus aureus</i> (VISA, VRSA)	0	0	0	0	1	0	0	0	0	0	5	0
<i>Streptococcus pneumoniae</i> (invasive disease)												
Drug resistant	1	0	0.8	1	8	14	9	22	37.4	44	95	307
Drug susceptible	0	1	2.2	3	5	19	22	26	38.8	39	168	320
C. Enteric Infections												
Campylobacteriosis	8	6	7.4	8	50	38	222	195	186.4	195	1131	1097
Cryptosporidiosis	3	3	3	3	19	6	64	73	40	31	308	255
Cyclosporiasis	0	0	0	0	0	0	1	2	3	2	1	4
<i>Escherichia coli</i> , Shiga-toxin producing**	1	1	0.4	0	4	2	13	17	11	10	63	65
Giardiasis	8	6	5	3	36	20	101	94	103.4	89	484	514
Hemolytic Uremic Syndrome	0	0	0	0	0	0	0	0	0.8	0	3	4
Listeriosis	0	0	0.2	0	0	1	2	2	4.4	2	17	14
Salmonellosis	26	29	32.4	32	99	95	564	458	493.4	501	2114	2059
Shigellosis	29	9	23	16	75	30	247	282	210	199	1006	1334
Typhoid Fever	0	0	0	0	0	0	0	2	0.8	1	5	10

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
D. Viral Hepatitis												
Hepatitis A	0	0	0.2	0	0	0	11	4	9.6	9	61	59
Hepatitis B +HBsAg in pregnant women	0	6	4	5	12	29	34	45	45	45	217	259
Hepatitis B, Acute	2	2	0.8	0	6	9	41	38	28.2	25	230	197
Hepatitis C, Acute	0	2	0.4	0	2	7	13	14	12.2	14	84	103
E. Vector Borne, Zoonoses												
Animal Rabies	0	0	0.4	0	0	0	5	1	3.4	3	36	43
Ciguatera	0	0	0	0	0	0	3	7	4.4	3	16	23
Dengue Fever	0	0	0	0	0	0	6	1	5	2	20	39
Eastern Equine Encephalitis††	0	0	0	0	0	0	0	0	0	0	0	1
Ehrlichiosis/Anaplasmosis¶¶	0	0	0.2	0	0	1	6	5	3.6	-	11	15
Leptospirosis	0	0	0	0	0	0	0	0	0	0	1	0
Lyme Disease	0	0	0.2	0	0	0	15	12	7.8	7	55	38
Malaria	1	0	0.2	0	2	1	3	10	8.8	8	24	30
St. Louis Encephalitis††	0	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus††	0	0	0	0	0	0	0	0	0	0	0	1
F. Others												
Botulism-infant	0	0	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	1	0.2	0	0	1	0	1	0.4	0	3	3
Carbon Monoxide Poisoning	0	0	2.2	0	2	1	11	7	11.2	13	97	69
Hansen's Disease (Leprosy)	0	0	0	0	0	0	1	0	0.6	1	9	2
Legionellosis	0	0	0.4	0	7	6	18	21	17.2	15	154	137
Vibrios	3	0	0.8	0	6	1	27	18	16.8	-	90	60

* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2015 is provisional, may include non-Florida cases.

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

** Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped, (Please note that suspect cases are not included in this report)

†† Includes neuroinvasive and non-neuroinvasive

¶¶ Includes *E. ewingii*, HGE, HME, and undetermined

Recently Reported Diseases/Conditions in Florida

Table 4: Duval County Reported Sexually Transmitted Disease for Summary for June 2015

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%
Male	4	80%	3	75%	Male	205	30%	165	29%	Male	110	51%	100	51%
Female	1	20%	1	25%	Female	478	70%	399	71%	Female	105	49%	95	49%
Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%
White	2	40%	1	25%	White	174	25%	99	18%	White	58	27%	45	23%
Black	3	60%	3	75%	Black	342	50%	328	58%	Black	128	60%	125	64%
Hispanic	0	0%	0	0%	Hispanic	30	4%	25	4%	Hispanic	6	3%	5	3%
Other	0	0%	0	0%	Other	137	20%	112	20%	Other	22	10%	20	10%
Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%
0-14	0	0%	0	0%	0-14	3	0%	2	0%	0-14	0	0%	0	0%
15-19	0	0%	0	0%	15-19	162	24%	130	23%	15-19	28	13%	20	10%
20-24	3	60%	2	50%	20-24	286	42%	239	42%	20-24	71	33%	66	34%
25-29	1	20%	1	25%	25-29	121	18%	101	18%	25-29	45	21%	45	23%
30-39	0	0%	0	0%	30-39	80	12%	67	12%	30-39	51	24%	44	23%
40-49	1	20%	1	25%	40-54	25	4%	19	3%	40-54	17	8%	17	9%
50+	0	0%	0	0%	55+	6	1%	6	1%	55+	3	1%	3	2%
Total Cases	5		4		Total Cases	683		564		Total Cases	215		195	

Please note that STD numbers are provisional.

* Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns

For more STD surveillance data see: <http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/>

Merlin: The Merlin system is essential to the control of disease in Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional. Data collected in Merlin can be viewed using <http://www.floridacharts.com/merlin/freqrpt.asp>.

Event Date: Reportable diseases and conditions presented within this report are reported by event date. This is the earliest date associated with the case. In most instances, this date represents the onset of illness. If this date is unknown, the laboratory report date is utilized as the earliest date associated with a case.

ILINet (previously referred to as the Sentinel Provider Influenza Surveillance Program): The Outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, the District of Columbia, and the U.S. Virgin Islands reporting over 25 million patient visits each year. Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILINet providers that contribute to the state and national data.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of *Morbidity and Mortality Weekly Report* (MMWR) disease incidence reporting and publishing. Values for MMWR week range from 1 to 53, although most years consist of 52 weeks.

Syndromic Surveillance: An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health surveillance (e.g., reportable disease surveillance and telephone consultation).

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks. ESSENCE utilizes hospital emergency department chief complaint data to monitor disease indicators in the form of syndromes for anomalies. ESSENCE performs automatic data analysis, establishing a baseline with a 28-day average. Daily case data is then analyzed against this baseline to identify statistically significant increases. A yellow flag indicates a warning and a red flag indicates an alert. Currently, all eight Duval County Hospitals are sending ED data to the ESSENCE system; an additional 5, three in Clay, one in St Johns, and one in Nassau County, provide regional coverage. The 13 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Clay (Clay), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), St. Vincent's (Duval), St. Vincent's Clay (Clay), and St. Vincent's Southside (Duval).

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

Syndrome: A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance. ESSENCE syndrome categories include botulism-like, exposure, fever, gastrointestinal, hemorrhagic, ILI, neurological, rash, respiratory, shock/coma, injury, and other.

Count: The number of emergency department visits relating to a syndrome of query.

Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology http://www.doh.state.fl.us/disease_ctrl/epi/index.html

Florida Annual Morbidity Reports <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html>

Influenza Surveillance Reports:

<http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.html>

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



Did you know that you are required* to report certain diseases to your local county health department?

DOH-Duval Disease reporting telephone numbers:

AIDS, HIV - (904) 253-2989, (904) 253-2955
 STD - (904) 253-2974, Fax - (904) 253-2601
 TB Control - (904) 253-1070, Fax - (904) 253-1943
 All Others- (904) 253-1850, Fax - (904) 253-1851
 After Hours Emergency - (904) 434-6035

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- ☎ Report immediately 24/7 by phone
- Report next business day
- + Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- ☎ Amebic encephalitis
- ! Anthrax
- Arsenic poisoning
- Arboviral diseases not otherwise listed
- ! Botulism, foodborne, wound, and unspecified
- Botulism, infant
- ! Brucellosis
- California serogroup virus disease
- Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- Carbon monoxide poisoning
- Chancroid
- Chikungunya fever
- ☎ Chikungunya fever, locally acquired
- Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
- Ciguatera fish poisoning
- + Congenital anomalies
- Conjunctivitis in neonates <14 days old
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue fever
- ☎ Dengue fever, locally acquired
- ! Diphtheria
- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute
- ! Glanders
- Gonorrhea

- Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen in pregnant women or children <2 years old
- ☎ Herpes B virus, possible exposure
- Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
- HIV, exposed infants <18 months old born to an HIV-infected woman
- Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
- ! Influenza A, novel or pandemic strains
- ☎ Influenza-associated pediatric mortality in children <18 years old
- Lead poisoning
- Legionellosis
- Leptospirosis
- ☎ Listeriosis
- Lyme disease
- Lymphogranuloma venereum (LGV)
- Malaria
- ! Measles (rubeola)
- ! Melioidosis
- Meningitis, bacterial or mycotic
- ! Meningococcal disease
- Mercury poisoning
- Mumps
- + Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Pertussis
- Pesticide-related illness and injury, acute

- ! Plague
- ! Poliomyelitis
- Psittacosis (ornithosis)
- Q Fever
- ☎ Rabies, animal or human
- ! Rabies, possible exposure
- ! Ricin toxin poisoning
- Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
- St. Louis encephalitis
- Salmonellosis
- Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
- Shigellosis
- ! Smallpox
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- *Streptococcus pneumoniae* invasive disease in children <6 years old
- Syphilis
- ☎ Syphilis in pregnant women and neonates
- Tetanus
- Trichinellosis (trichinosis)
- Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
- West Nile virus disease
- ! Yellow fever

*Section 381.0031 (2), *Florida Statutes* (F.S.), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), F.S. provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."